

ANTICIPATED ABSENCE FORMS

Note: This form must be signed in the following order (1) Parent, (2) School Administrator, (3) Teacher(s). After the form is completed return it to the school office.

Student _____ Grade _____

Date(s) of Absence _____ Total School Days _____

Reason for Absence:

This form is to be completed and returned to the school office 3 days prior to absence.

Date: _____ Parent Signature: _____

(For School Office Use)

I. _____ Excused Absence II. _____ Unexcused Absence

Date: _____ Administrator's Signature: _____

PERIOD	SUBJECT	ASSIGNMENTS	DATE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			